

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL.

A PRELIMINARY NOTE UPON THE CYTORHYCTES LUIS (SIEGEL) AND THE SPIROCHAETA PALLIDA.

In looking over slides prepared from syphilitic sores, the entire absence or comparative scarcity of the *Spirochaeta pallida*, in some instances, was striking and at first disconcerting. Further investigation of the films revealed the presence of numerous other organic forms. Without discussing the merits of the discovery of Schaudinn and Hoffmann regarding the specificity of the *Spirochaeta pallida* for syphilis, it might be permissible to make the following comment by way of a preliminary communication.

In two cases of primary syphilis the serum from the cleaned sore and that sucked up from an enlarged inguinal sore failed to reveal a single spirochaete. The preparations from the chancres were, however, crowded with minute organisms of uniform shape and character. Such an organism might be described as a somewhat thick, irregular band bent upon itself more or less so as to almost make a circle. The films from the gland (in one of the cases) showed equally numerous bodies, but in a further stage of development. In them the band had opened out and the "head" had enlarged. The proportion between "head" and "tail" varied in different cases, but various gradations were present in the same film. In another preparation from a hard chancre the same forms were seen, together with a set still further developed. Between these latter and some of the *Spirochaeta pallida* there was not much difference, and the inference from the consideration of these various forms has given rise to the opinion that the *Spirochaeta pallida* was merely a development of the more minute series. Further, a number of round, deeply-stained bodies were noted in considerable numbers, and some of these had invaded the red corpuscles. These bodies were filled with small granules, and when a red cell containing such an organism had been burst the débris thrown out was very like a collection of the small organisms seen in the preparations from the chancres and glands of the cases referred to. Other forms seemed to show the breaking up of the spirochaetes. A series of photomicrographs and drawings are being prepared and will be submitted later with a further description. Siegel¹ published his investigations on the etiology of syphilis some months ago, and the bodies figured by him are identical with some of those now referred to. He names them the *Cytorrhypes luis*, and claims specificity for them, while remarking that the *Spirochaeta pallida* is saprophytic. My observations point to the one being a development of the other, the *Spirochaeta pallida* being merely one phase in the life-history or perhaps part only of the organism during one stage in its development. There are other points in favour of this view which need not be here referred to. The bodies similar to the *Cytorrhypes* (Siegel), together with specimens of the *Spirochaeta pallida* and *Spirochaeta refringens*, were shown at a recent meeting of the Glasgow Medico-Chirurgical Society.

ALEX. MACLENNAN, M.B.,
Dispensary Surgeon to the Western Infirmary,
Extra Honorary Surgeon, Royal Hospital for Sick Children, Glasgow.

EXCISION OF THE CLAVICLE.

M. P., aged 43, a married woman with one child, consulted me in April, 1904. Three years previously a "lump" had been removed from her left breast, the upper and inner quadrant of which was occupied by a depressed cicatrix. Unfortunately the operator had confined himself to cutting out the palpable tumour, whose true nature he had apparently not recognized. There was now a "hazel-nut" recurrence below the scar, and the patient had noticed axillary deposit for three weeks. I found a large cluster of glands adherent to the parietes.

Leaving the nipple, which was well removed from any dangerous tissue (its retention much improves the subsequent appearance), I carefully dissected out all the

mammary and axillary deposits. There was a rapid convalescence, and so far there have been no recrudescent nodules in either of these regions.

In July of the past year, however, enlarged glands appeared below the clavicle and were dissected out. The operation occupied an hour, and resembled that for ligation of the first part of the axillary artery, so far as the incisions at least.

In October a nodule again appeared in the subclavian scar. It was necessarily adherent to the bone above and to the vein below. The cancer deposit seemed wholly localized to this one spot, the patient being healthy, wiry, and youthful in appearance. With some reluctance, I therefore advised partial removal of the bone, as giving her a last chance of cure. This was accordingly performed on October 31st, with the valuable assistance of Mr. Cecil Leaf, Dr. Johnston English giving the anaesthetic. The procedure lasted two hours. Removal of 1½ in. of the clavicle revealed several infected glands, which could not be felt previously, and thoroughly exposed all the deposits, more or less embedded in cicatricial tissue. These, with the corresponding vein, were excised, and the patient made an excellent recovery. So far as could be judged at the time, all the infected parts were dissected out, and there are fair hopes for the future.

Stratford Place, W.

HERBERT SNOW.

FOOD POISONING AND COMA.

THE cases reported by Dr. Kennard¹ and Dr. Mercier² recall to me a case that I saw some years ago whilst Resident Medical Officer at the Royal United Hospital, Bath.

On March 23rd, 1903, I was called out at 11 a.m. to see a coach builder, aged 54, who had "had a stroke." The history was that shortly before I saw him he had reeled as he crossed the room, and but for his friends would have fallen unconscious to the ground. Previously he had uttered no complaint and had seemed in his usual health which was very good. He had had no previous illnesses, so far as was known, and was a teetotaler. He had breakfasted with others of his family at 8 a.m., on bacon, and had taken nothing since.

On arrival I found him lying semi-prone on the floor. There was light yellow fluid vomit on his clothes, which had no distinctive odour beyond that of vomit in general. The vomiting had occurred after he became insensible. He was deeply unconscious and could not be roused by shouting, pressure on the supraorbital nerves, etc., but at times would make scratching movements with his fingers at different parts of his body and limbs. He breathed through the nose, deeply and with increased frequency, and there was no stertor. The skin was pale and clammy, the temperature subnormal, the pulse 120, small and of low tension.

The conjunctival reflex was diminished, but not abolished; the pupils, equal and moderately dilated, reacted sluggishly to light. There was no local paralysis. The previous good health, the absence of cardiac or arterial disease (the urine was not obtainable, the bladder being empty), and the symptoms, especially the evidence of skin irritation afforded by the scratching, seemed to me so suggestive of food poisoning, notwithstanding the sudden onset of coma without preceding gastro-intestinal symptoms, and the fact that two others had partaken of the same food without ill effects, that I requested his relatives to show me the remainder of the piece of bacon off which he had breakfasted. At one end of it was a small area, about the size of a Tangerine orange, which was quite moist, rotten and stinking. Though this piece was evidently far advanced in putrefaction, the fact had not previously been noticed.

Washing out the stomach brought little or nothing away, and 5 grains of calomel were placed on the back of the tongue; the man was lifted on to a bed and warmth applied to the extremities. During the next few hours the symptoms increased in severity, the scratching movements ceased, the skeletal muscles being quite flaccid, the pulse became feebler, and the respiration weak and shallow. Hypodermic injections of atropine and, later, strychnine were given, and towards evening improvement began to set in, though consciousness was not regained.

¹ BRITISH MEDICAL JOURNAL, January 13th, p. 80.

² BRITISH MEDICAL JOURNAL, January 20th, p. 141.

until about 10 p.m. The next day, except for some weakness and languor, he was all right and has remained perfectly well ever since.

Though coma is not infrequently a symptom of the severe forms of food poisoning, it must, I think, be very rare for it to be, as in this case, the initial symptom.

Bath.

RUPERT WATERHOUSE, M.D.Lond.

LEAD AS ABORTIFACIENT.

A FEW weeks ago I was requested to visit a young married woman suffering from severe sickness and abdominal pain. The bowels had acted regularly. The patient presented a very anxious expression, had a very sallow complexion, and altogether looked extremely ill. On inquiry as to her condition or periods she informed me she had gone six weeks over her time, but did not think there was anything the matter—or, in other words, she was not pregnant. I myself was very doubtful at the time; on looking in her mouth to examine the state of her teeth, I noticed a typical blue line on the gums. After a rather lengthened conversation and argument she admitted she had been taking some pills prescribed for her by a "woman friend," but she had only taken ten pills. She had not taken anything else, and as she was not in the habit of suffering from either sickness or abdominal pain previous to taking the pills, I concluded there was some lead in the pills. She could not at the time inform me as to what the pills contained, as her friend lived some distance away, and she would have to write for the "prescription." On examination of the breasts there seemed abundant secretion, and, she never having missed her periods previously, I came to the conclusion she was pregnant. I ordered her to bed, put her on milk diet, and gave her a bismuth mixture. The next day I was sent for rather hurriedly, stating that she was flooding very badly. On arrival I found there had been severe haemorrhage, and that she had aborted and the haemorrhage had ceased. As there was no doubt now as to the condition, I was most anxious to know the constituents of the pills, and in the course of a few days the "prescription" arrived from her friend, who lived in Manchester, and I believe this prescription is very much used by the inhabitants of Lancashire. The following is the "prescription": Hikey pikey, bitter apple, bitter aloes, white diachylon—one pennyworth of each. This amount, she informed me, made about forty pills; and as she had only taken ten, I wonder what would have been the result if she had taken any more.

She ceased taking the pills a week before I saw her, as she came to the conclusion they would not be any use, not because she felt so ill, as she did not attribute her illness to the pills; in fact she seemed spellbound when I explained to her and her mother that she was suffering from lead poisoning, and showed the typical blue line.

I may say the patient is still in a very precarious condition, the sickness and colic being most persistent, and the blue line still *en evidence* (but as, of course, the time has been so short, I could not expect this to disappear so soon), although she has been put on the usual remedies—potassium iodide, opium, and bismuth.

I thought the case well worth bringing before the notice of the medical profession for the following reasons:

1. The production of the abortion.
2. The alleged few pills taken, and therefore consequently the small amount of lead to produce such severe symptoms.
3. The novelty of the "prescription."
4. The remarkable susceptibility of the individual to lead poisoning.

A. ST. LAWRENCE-BURKE, L.R.C.S. and L.R.C.P.I.
Netherton, Dudley.

SEPARATION OF AN EPIPHYSIS.

THE following case of separation of an epiphysis seems to me somewhat unusual: A schoolboy, aged 13, whilst running in the playground caught his toe against an upright post, giving his thigh a severe jar; he was taken home to bed, where on examination I could find no fracture. I put a splint on the outside of the thigh, and laid the thigh on its outside in a semiflexed position. The same evening and next day there were spasmodic contractions of the muscles, such as occur in cases of fracture, and so severe that radiographs were taken by

my friend Mr. Payne. It was then found that the epiphysis of the small trochanter was separated and displaced, apparently by a wrenching action of the psoas muscle. The boy was kept in bed for ten days, and gradually made a good recovery.

Brighton.

H. HAVELOCK DAVIES, M.B.

REPORTS ON MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

MANCHESTER ROYAL INFIRMARY.

A CASE OF LOCALIZED OSTEOMALACIA.

(By PHILIP TALBOT, M.B., Ch.B.Vict., late House-Surgeon.)

I AM indebted to Mr. G. A. Wright, under whose care the patient was admitted, for permission to publish these notes.

The patient in this case, a healthy-looking woman, aged 31, was admitted on September 16th, 1904.

History of Present Illness.—In December, 1903, four days after the birth of her last child, the patient was suddenly taken with a fit, during which she became unconscious. On recovering consciousness she found that she had lost the use of her right leg, sensation being normal. The use of the limb gradually returned, and in 14 weeks she could again walk without assistance. In March, 1904, after another severe fit, during which she was unconscious for two hours, she lost the use of her right arm, and could only move the fingers slightly. There was no anaesthesia. The arm was gradually recovering, though still useless, when on June 1st, 1904, as the patient was placing a heavy tin on a shelf, the tin slipped, fell on her right arm, and caused a fracture of the upper part of the shaft of the humerus. The fracture was apparently a simple one, without much displacement. The arm was fixed to the side for about six weeks, and then, as there was apparently no union, it was examined under an anaesthetic by patient's doctor. No union was found to have taken place, and the shaft appeared to be comminuted. The arm was fixed in plaster for another six weeks, and again examined, but no union had taken place.

State on Admission.—The right arm from the shoulder to the elbow was slightly swollen and tender to touch, both swelling and tenderness being more marked just above the insertion of the deltoid. The tissues over the upper third of the shaft of the humerus were thickened by callus. On manipulating the arm there was apparently a fracture just below the surgical neck. The shaft of the humerus from the point of fracture to the lower end was softened, and could readily be bent by a slight degree of pressure. The bones of the forearm were apparently normal. Several radiographs were taken, and showed a fracture as diagnosed. The bone of the shaft seemed to be unusually transparent to the x rays as compared with the acromion process on the same print, and also with radiographs of the sound arm taken under the same conditions. The upper end of the lower fragment showed a peculiar snake-like contortion or twist. The bones of right forearm also showed an increased transparency to the x rays as compared with the left side, but the bones could not be bent more than normally. No other bones could be found unduly soft. The urine showed nothing abnormal, and gave no precipitate with nitric acid. There was no disorder of the special senses. The eyes were examined, and the fundi found to be normal.

Progress.—The arm was fixed on an internal angular splint, and syr. ferri phosph. and lime water were administered. At the end of five weeks there was no improvement. The patient was then put on mist. pot. iodid. and sent to the convalescent home at Cheadle for six weeks. While the patient was there she had two fits, preceded by headache but followed by no paralysis. The patient was seen on January 25th, 1905, seven months after the accident. There was a slight degree of union, but the shaft could still be bent by very slight pressure. On February 14th, 1905, there was still only a slight degree of union, and the shaft was still pliant; no other bones were affected. The patient looks healthy and says she feels well.

REMARKS.

It is worth while to give the earlier history of the patient, as possibly it has some direct relation to the subsequent events.

Seven years before admission she had an attack of pneumonia. Shortly after her recovery she began to have fits at intervals of about a month. The fits were preceded for a few days by headaches, and by a feeling of giddiness. The patient then became suddenly unconscious, and

Royal Colleges endeavoured to obtain as much time as possible for the study of anatomy, physiology, medicine, surgery, and midwifery; and if the regulations they then adopted had come into full operation, the students would be obliged to pass the First Examination before commencing anatomy and physiology, and would then have four years and a half for the rest of the curriculum, leaving one year and a half for anatomy and physiology, and three for clinical work. It would be unwise, in the opinion of the Committee, to give up the scheme to which the Royal Colleges have devoted much careful consideration, and which has encouraged and improved the teaching of science in secondary schools.

The Committee, recognizing that the minimum period is taken advantage of only by a few of the best students, regard the present curriculum as sufficiently long; and are of opinion that it is not desirable to alter the conditions of the curriculum as adopted in the Regulations dated June 1st, 1904.

REJECTIONS AT EXAMINATIONS.

A return showing the results of examinations held by the Conjoint Examining Board in England was presented to the same meeting of the College. The following table shows the number of candidates and the percentage of rejections:

Return of the Results of Examinations, Conjoint Board in England.

Subject.	Numbers of Candidates.	Numbers Passed.	Numbers Rejected.	Percentage of Rejections.
Chemistry and chemical physics ...	292	161	131	45
Practical pharmacy ...	227	180	47	21
Elementary biology ...	282	179	103	37
Anatomy and physiology ...	330	174	156	47
Medicine ...	705	446	259	37
Surgery ...	773	419	354	46
Midwifery ...	678	420	258	38

MEDICAL NEWS.

THE Medical Society of London has received a bequest of £100 under the will of the late Mrs. Gant, widow of a former president of the Society.

THE annual dinner of the West London Medico-Chirurgical Society is to take place at the Hotel Great Central on Wednesday next, Mr. L. A. Bidwell, the President, taking the chair.

PROFESSOR EBSTEIN, of Göttingen, who will complete the age of three-score-and-ten in the course of the present year, has asked to be relieved of the directorship of the University Clinic and Polyclinic as from October 1st.

THE Wandsworth Division of the British Medical Association has arranged for an explanatory address on the aims and objects of the National League for Physical Education and Improvement by Major-General Sir Frederick Maurice, K.C.B., on Thursday, February 22nd. The meeting will be held in the hall at the Latchmere Road Baths, Battersea, at 9 p.m., under the chairmanship of Mr. Hugh R. Ker, F.R.C.S.

MR. A. H. TUBBY will deliver the Hunterian Oration before the Hunterian Society at Pagani's Restaurant, Great Portland Street, on Wednesday, February 14th, at 6.30 p.m., his subject being recent surgical methods for the treatment of certain forms of paralysis. The anniversary dinner of Fellows and guests will take place on the same evening at 7.45 p.m.

IN Natal, where a local committee has been formed to co-operate with the Imperial Cancer Research Fund, the question of the occurrence of malignant disease among such coloured races as inhabit the colony, and also among the lower animals, birds, fish, and reptiles, is being actively investigated. So far as is possible, the assistance of all practitioners of human and veterinary medicine has been secured, and endeavour has likewise been made to enlist the sympathies of naturalists and sportsmen. All specimens of suspected cancerous disease are being examined at the Government Laboratory, Pietermaritzburg, free of charge. The Honorary Secretary of the Committee is Dr. W. Watkins-Pitchford.

A COURSE of lectures and discussions, arranged by the Childhood Society and the British Child Study Association, will begin on Thursday next, when a paper on American schools and their relation to the child and to society will be read by Mr. J. C. Hudson. The meetings will take place at the Parkes Museum, Margaret Street, London, W., at 8 p.m.

CEREBRO-SPINAL MENINGITIS.—A fresh outbreak of cerebro-spinal meningitis is reported from several districts of Germany, notably Essen and Silesia. From Essen it is said to be spreading into other parts of Westphalia.

JAPANESE HONOUR FOR BRITISH LADY.—The name of the lady on whom, as stated in the BRITISH MEDICAL JOURNAL of January 27th, p. 219, a decoration was conferred by the Emperor of Japan, is not "Lyddel," as there stated, but "Riddell." The error arose from the confusion between the "l" and "r" sounds which is common in the Japanese rendering of foreign names and words. Miss Riddell has, with the help of friends in England, built and maintained a hospital for lepers at Kumamoto.

AN ITALIAN PUBLIC HEALTH BULLETIN.—The Italian Minister of the Interior has decided to issue a monthly sanitary bulletin. In addition to particulars as to the distribution of infectious diseases, it will supply information as to the sanitary conditions of Italy, and as to the measures taken by the sanitary officers of provinces, communes, and seaports. The facts will be compiled from forms, which these officers will be required to fill in and return to the Minister.

MEDICAL FEES IN NOTTINGHAM.—At a meeting of medical practitioners at the house of Dr. G. A. Fenaby on January 23rd, the following resolution was proposed by Dr. W. Tibbles, seconded by Dr. J. W. Travell, and passed unanimously: "That this meeting of medical practitioners of the districts of Radford, Hockley Green, and Basford, recognizes the absence of uniformity amongst them as to their charges, and agrees to adopt the tariff of the Manchester Medico-Ethical Association, with a minimum charge of 2s. 6d. per visit, or for medicine and advice in the surgery, or 2s. for medicine and advice in the surgery for payment at the time." The item of 2s. for medicine in the surgery was brought forward as an amendment, it being considered by some practitioners that advice in the surgery involved less trouble than a visit, and should be charged somewhat less. The resolution, thus amended, was passed *nem. con.*

GERMAN SURGICAL CONGRESS.—The German Surgical Society will hold its thirty-fifth Congress this year at Berlin, April 4th to 7th, under the presidency of Professor W. Koerte of Berlin. A somewhat earlier date than usual has been chosen for the meeting in order that it may not clash with the International Medical Congress. The programme includes a discussion on questions of military surgery arising out of the Russo-Japanese war, in which Drs. Zoegel von Manteuffel, Schaefer, Brentano, Colmers, von Oettingen, and Henle will take part; one on the surgical treatment of gastric ulcer, to be introduced by Professor Krcenlein; one on a further development of the operation for high-seated cancer of the rectum; one on Bier's method of artificial stasis in the treatment of acute inflammations. Among those who have promised to take part in the last-named discussion are Professors Kuettner, Bardenheuer, Tilmann, and Heidenhein.

THE VICTORIA CROSS.—Last Monday was the fiftieth anniversary of the institution of the Victoria Cross. It is one, perhaps, which has a special interest for medical men, since practically no other of the learned professions can claim wearers of the Cross as its members. It is a simple Maltese cross cast from cannon captured at Sebastopol and, beyond a crown surmounted by a lion, bearing nothing but the words "For Valour." In the Royal Warrant instituting the decoration it is ordained that it is only to be given for signal service in the presence of the enemy coupled with conspicuous bravery; neither rank nor long service nor wounds nor any other circumstance are to be allowed to count. Under such conditions the fifty years, and nearly as many separate campaigns, have seen a total of 522 crosses awarded. Of these, the honour of 25 can be claimed by the medical profession, 7 of those who have worn it having belonged to the Royal Army Medical Corps, 3 to the Indian Medical Service, 4 to Colonial corps, and 11 to regiments under the old regulations. In view of the comparatively small number of possible medical recipients, the total of 25 is certainly remarkable. The whole of the cavalry regiments combined have, for instance, not won twice that number between them, if an analysis supplied by the *Pall Mall Gazette* be correct.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Romanes Lecture.—The Vice-Chancellor has appointed the Right Hon. Lord Curzon of Kedleston, M.A., Hon. D.C.L., All Souls College, to be Romanes Lecturer for 1906.

Natural Science Scholarships.—Scholarships in Natural Science are announced for competition at Keble College on March 13th, and at Merton College, New College, and Corpus Christi College on April 24th.

Radcliffe Travelling Fellowship.—An examination for a Fellowship of the annual value of £200, and tenable for three years, will be held in the present term. The examinations will commence on Tuesday, February 27th. Intending candidates should send their names, addresses, and qualifications to the Regius Professor of Medicine, University Museum, on or before Saturday, February 10th. Further particulars will be found in the *University Gazette* of January 23rd, 1906 (Clarendon Press).

UNIVERSITY OF CAMBRIDGE.

THE following have satisfied the Examiners for the diploma in Tropical Medicine and Hygiene: J. Booth-Clarkson, J. C. S. McDouall, and R. Small.

UNIVERSITY OF LONDON.

UNIVERSITY COLLEGE, LONDON.

Physiological Optics.

MR. J. HERBERT PARSONS, D.S., F.R.C.S., is giving a course of eight lectures on physiological optics in the Physiological Department on Fridays at 5 p.m. The first lecture was given on Friday, January 26th. The lectures are open to all students of the London medical schools, and also to qualified medical men on presentation of their cards.

Lectures on Parasitic Protozoa.

Professor E. A. Minchin will commence, on Monday, February 5th, a course of lectures on Parasitic Protozoa. Professor Minchin has recently returned from Uganda, where he has been engaged as one of the Special Commissioners of the Royal Society in Research on the Life-history of the Trypanosome of Sleeping Sickness. Full information respecting the courses can be obtained on application to the Secretary of University College, London.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary quarterly Comitia was held at the College on Thursday, January 25th, the President, Sir R. DOUGLAS POWELL, in the chair.

Announcement.

The PRESIDENT announced that the Milroy Lectures of 1907 would be given by Dr. Leonard Rogers on Kala-azar: its Differentiation and Epidemiology.

Membership.

The following gentlemen were admitted Members of the College: Joseph Arthur Arkwright, M.D.Cantab., L.R.C.P., William Carnegie Brown, M.D.Aberd.; Robert Fielding-Ould, M.A., M.D.Oxon.

Licence.

The Licence of the College was granted to 100 gentlemen. The annual return by the Examiners of the results of the Examinations for the Licence in the year 1905 was received.

Diplomas in Public Health.

In conjunction with the Royal College of Surgeons Diplomas in Public Health were granted to the following gentlemen:

A. C. Birt, L.R.C.P., M.R.C.S.; H. Caird, M.B., Ch.B.Edin.; H. Chesson, L.R.C.P., M.R.C.S.; J. M. Collyns, M.B.Lond., L.R.C.P., M.R.C.S.; G. Corcoran, L.R.C.P., and S.I.; J. Gillies, M.B., C.M.Edin.; Captain F. Harvey, R.A.M.C., L.R.C.P., M.R.C.S.; L.S.A.; G. H. Lock, L.R.C.P., M.R.C.S.; G. E. Malcomson, M.D.Lond.; P. K. Muspratt, M.B., B.S.Camb., L.R.C.P., M.R.C.S.; J. F. Northcott, M.D.Lond., L.R.C.P., M.R.C.S.; O. H. Peters, M.B., Ch.B.Med.; Lieutenant J. W. S. Seccombe, R.A.M.C., L.R.C.P., M.R.C.S.; F. B. Skerrett, M.B.Lond., L.R.C.P., M.R.C.S.; Captain L. P. Stephen, I.M.S., M.B., Ch.B.Aberd.; P. G. Stock, L.R.C.P., M.R.C.S.; Lieutenant-Colonel T. B. Wiater, R.A.M.C., M.R.C.S., L.S.A.; C. H. Wright, M.B., Ch.B.Edin.

Communications.

The following communications were received:

(1) From the Secretary of State for the Colonies (January 11th), in reply to the Registrar's letter informing him of the steps taken by the Royal Colleges in the matter of Tropical Medicine. The reply was as follows:

THE REGISTRAR OF THE ROYAL COLLEGE OF PHYSICIANS.

SIR,—I am directed by the Earl of Elgin to acknowledge the receipt of your letter of January 3rd, and to state that his lordship has perused it with interest, and has learnt with satisfaction the arrangements which are being made by the Royal College of Physicians of London and the Royal College of Surgeons of England for the recognition of Tropical Medicine.

(Signed) FRED. GRAHAM.

(2) From the Royal Sanitary Institute, inviting the College to appoint delegates to attend the Congress of the Institute at Bristol, July 9th to 14th, 1906.

Dr. Hanford was appointed, on the nomination of the

President, and it was left to him to name a further delegate at a subsequent Comitia.

(3) From the Secretary of the Royal College of Surgeons reporting some of the proceedings of their Council on January 11th.

On the nomination of the Council, Drs. W. Osler, H. R. Crocker, H. H. Tooth, and T. D. Acland were appointed Councillors in the room of Drs. Lees, Ormerod, Kidd, and Percy Smith, who retired by rotation.

The Curriculum in Midwifery.

Dr. CHAMPNEYS, who had given notice, moved the following resolution:

That a Committee be appointed to examine and report on the curriculum on midwifery and diseases of women. That the Committee consists of all obstetric physicians and assistant obstetric physicians of the London medical schools who are Fellows of the College, with power to add to their number.

Dr. LAURISTON SHAW moved as an amendment:

That the names of four gentlemen who are not practising obstetric medicine, but who are, or have been, Deans of their respective schools, be added to those of the proposed Committee.

This having been accepted by Dr. Champneys, both amendment and resolution were passed.

University of Birmingham.

Dr. Theodore Williams, who retired by rotation, was re-elected a representative of the College on the Court of Governors of the University of Birmingham for three years from January 1st, 1906.

Central Midwives Board.

Dr. Champneys, who retired by rotation, was re-elected a representative of the College on the Central Midwives Board for one year from March 31st next.

Reports.

The following reports were received:

1. The quarterly report of the College Finance Committee, dated January 11th, 1906.

2. From the Committee of Management, dated December 18th, 1905, recommending that the course of laboratory instruction in public health at the Royal Institute of Public Health, London, be recognized as fulfilling the requirements of the regulations for Part I of the examination for the diploma in public health.

This was agreed to.

3. A second report from the same, dated January 4th, with reference to the duration of the curriculum of professional study.

This report is published in full at p. 275.

After a brief discussion the report was adopted.

4. A further report from the same recommending that the South-Eastern College, Ramsgate, be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry and physics.

5. A report from Dr. Norman Moore, the representative of the College on the General Medical Council, on the Sessions of the Council in November and December, 1905.

Library.

Books and other publications presented to the library during the past quarter were received, and thanks returned to the donors.

CONJOINT BOARD IN SCOTLAND.

THE following candidates have been approved at the examinations indicated:

First Examination (Four Years' Course).—P. J. A. Curtin (with distinction), D. D. McNeill.

First Examination (Five Years' Course).—J. Grosert, J. Young, O. W. Bateman, J. A. H. Muller, B. R. Shillitoe, L. Albuquerque, M. E. Kayton, E. B. Keen, P. G. Phillips, E. L. Matthew.

Second Examination (Five Years' Course).—J. McKelvey, P. M. Tolmie, H. W. Powell, O. R. Belcher, A. Y. Kelsey, A. B. Bateman, J. Morham, S. Piarroux, A. D. Macfie, T. Mohan, K. S. Kanga, E. J. Lumsden, C. A. Paterson, C. J. Faill, G. W. Rundle, L. E. Davies, and H. S. W. Roberts.

Third Examination (Five Years' Course).—Effie J. Cassels, L. J. Patterson-Clavier, T. J. Vaughan, C. Nyhan, R. B. Davidson, T. R. McKenna, J. S. J. Stenhouse, R. M. Jones (with distinction), W. J. V. Curtain (with distinction), V. S. Delany, J. A. S. Phillips, H. F. Watson, H. Stokes, L. Albuquerque, M. B. Patel, D. W. Anderson, K. S. Commissariawalla, and F. Yates.

Final Examination.—J. Galloway, W. Fleming, J. F. Berry, W. C. Renshaw, B. W. Dakers, R. J. Manion, S. I. Hasan, J. T. Anderson, I. W. MacKinnon, W. G. H. Brooks, O. Margolese, W. J. Barber, K. W. Dain, C. W. Field, G. W. Meade, Nena B. Ivers, I. Harris, W. W. Johns, W. E. Davies, C. Francis, G. Heathcote, M. C. R. Grahame, R. Carswell, J. A. Culm, G. Hart.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

Second Professional.—W. M. Woods (with honours); J. J. Barry, G. Collins, A. Cullen, C. T. Cullimore, J. Farrell, J. A. J. Flannery, G. W. M. Gleeson, C. Greer, C. Macaulay, H. E. M. Miles, D. McCormack, F. J. McManus, T. J. O'Donohoe, G. Patton, H. B. Sherlock, and C. Stringer.

Final.—L. A. Andrews, C. J. R. Clarke, F. O'D. Fawcett, T. A. Flynn, C. Gordon, M. J. C. Kennedy, E. H. M. Milligan, R. V. Murphy, J. McQuillan, B. A. Odlum, C. O'Keeffe, Caroline Elizabeth O'Meara, and W. Roche.